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CONFIRMATION NO. 8047

<b>SERIAL NUMBER</b> 10/673,046	<b>FILING OR 371(c) DATE</b> 09/26/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1618	<b>ATTORNEY DOCKET NO.</b> 110129.430
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**\*\* CONTINUING DATA \*\*\*\*\***  
 BF This appln claims benefit of 60/414,714 09/26/2002 and claims benefit of 60/414,693 09/27/2002

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
 BF NONE

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
 01/02/2004

**\*\* SMALL ENTITY \*\***

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>Markyasa</u> Examiner's Signature <u>BF</u> Initials	<b>STATE OR COUNTRY</b> CANADA	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 231	<b>INDEPENDENT CLAIMS</b> 9
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**ADDRESS**  
41551

**TITLE**  
Perivascular wraps

<b>FILING FEE RECEIVED</b> 2824	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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